

Case Number:	CM15-0078546		
Date Assigned:	04/29/2015	Date of Injury:	09/29/2010
Decision Date:	06/17/2015	UR Denial Date:	03/29/2015
Priority:	Standard	Application Received:	04/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46-year-old male who reported an industrial injury on 11/11/2011. His diagnoses, and/or impressions, are noted to include cervical spine sprain, rule-out herniated nucleus pulposus and cervical radiculopathy; bilateral wrist sprain, rule-out derangement; thoracic spine sprain, rule-out herniated nucleus pulposus; and rule-out lumbar radiculopathy. No current x-rays or imaging studies are noted. His treatments have included medication management and rest from work. The progress notes of 3/17/2015 reported a follow-up visit for constant, moderate-severe, radicular neck pain associated with numbness/tingling of the bilateral upper extremities, aggravated by activity; constant, moderate-to-severe, bilateral wrist pain, aggravated by movement; constant, moderate-to-severe, radicular mid-back pain, aggravated by activity; and constant, moderate-to-severe, radicular low back pain, associated with numbness/tingling in the bilateral lower extremities, aggravated by activity, and without bowel or bladder problems. He stated that his medications provided him with temporary relief from pain, an improved ability for restful sleep, and improved activity level. He also stated frustration along with experiencing stress, anxiety, insomnia and depression brought on by his chronic pain, physical limitations, inability to work and his uncertain future. Objective findings were noted to include tenderness at the occiputs, trapezius, sternocleidomastoid and levator scapula muscles with trigger points, decreased range-of-motion, positive Spurling's and cervical distraction/compression tests of the cervical spine; atrophy in the left hand with tenderness at the carpal tunnel, and mild decrease in range-of-motion; positive Tinel's/Phalen's/Flicker & Cross finger tests of the bilateral wrists; diminished sensation at the cervical and lumbar spine with decreased motor strength of the

upper extremities; and decreased range-of-motion and strength in the lumbar spine. The physician's requests for treatments were noted to include 2 compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Salicylate topicals Page(s): 111-113 and 105.

Decision rationale: Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Menthol and Camphor are ingredients in Ben Gay, which is a methyl salicylate and supported by the MTUS. The MTUS does not support topical Gabapentin. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate extenuating circumstances to deviate from the MTUS guidelines and use this topical compounded cream. Therefore, the request for this topical analgesic is not medically necessary.

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs; Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research

to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical muscle relaxants such as Cyclobenzaprine. The MTUS does not support topical Gabapentin. The documentation does not indicate extenuating circumstances to deviate from the MTUS guidelines and use this topical compounded cream. Therefore, the request for this topical analgesic is not medically necessary.